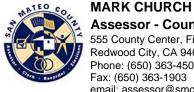
EXEMPTION OF LOW-INCOME TRIBAL HOUSING

State of California, County of



Assessor - County Clerk - Recorder 555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 363-1903 email: assessor@smcacre.gov web: www.smcacre.gov

(name of person making claim)	;	
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or en	tity) of the property described
1. That as		
	(officer)	
2. of the		
2. of the	(name of tribe or tribally designated housing entity)	
3. the mailing address of which is		ZIP
4. the location of the property for which exemption is cl		ZIP
5. That this claim for exemption is made for the 20	20 fiscal year on the leas	ed property described above.
6. That at least 30% of the housing are used for rental in section 50079.5 of the Health and Safety Code or charged do not exceed the limits provided in section assistance agreements. An affidavit by the claimant a The exemption cannot be allowed without the incom	r applicable federal, state, or local fi 50053 of the Health and Safety Cod ffirming that the tenants' incomes an	nancial as <mark>sistance ag</mark> reements and the rent e or appli <mark>ca</mark> ble federal, st <mark>a</mark> te, or local financia
7. That the property is owned and operated by an	owner operator	owner/operator
[] a federally recognized tribe (documentation req	uired for first time filers)	
 a tribally designated housing entity (documentat inure to the benefit of any private shareholder. 	ion required for first time filers) which	n is nonprofit and no part of those net earning
 That there is a deed restriction, agreement, or othe occupied by or held for occupancy by qualifying low- 		ng that at least <mark>3</mark> 0% of the housing units ar
 BOE-237-A, Supplemental Affidavit for BOE-237, Ho under the provisions of sections 251 and 254 of the I filing BOE-237, Exemption of Low-Income Tribal Ho 	Revenue and Taxation Code for thos	
FOR ASSESSOR'S USE ONLY		we contact during normal business
	hours	for additional information?
Received by(Assessor's designee)		
(Assessor's designee)	NAME	
of	ADDRESS (street, city, state, zip of	code)
(county or city)		
on		
(date)		
	DAYTIME PHONE NUMBER	EMAIL ADDRESS
	()	
	CERTIFICATION	
I certify (or declare) under penalty of perjury under t		
including any accompanying statements or docur	ments, is true, correct and complete	to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM TITLE DATE

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

